



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E321854**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	14-00941		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
04 - 18 - 2014	1354	31			0664
N S E W IN OF					

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
MAIN ST.	BLOCK NO. <input checked="" type="checkbox"/>	1800
MILE POST		

DISTANCE	OF (REFERENCE OR CROSS STREET)
25 00 MILES	18TH ST NE
FEET	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4253347827
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LAST NAME	KNAUB	FIRST NAME	THOMAS	MIDDLE INITIAL	J
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STREET NEW ADDRESS	1325 131ST AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982589297
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	KNAUBTJ619R1	STATE	WA	SEX	M	D.O.B.	12 - 21 - 1939
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B95581K	STATE	WA	VIN#	3B7MF336X2M239685
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2002	MAKE	DODG	MODEL	RAMPU	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. THOMAS KNAUB 1325 131ST AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA 00058 54 98U
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 2067226537
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LAST NAME	CAMPBELL	FIRST NAME	LYNN	MIDDLE INITIAL	M
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STREET NEW ADDRESS	3621 33RD AVE S APT 336
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CITY	SEATTLE	ST	WA	ZIP	981446957
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CDL	NON	RESTRICTIONS	ENDORSEMENTS	L
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DRIVER'S LICENSE #	STATE	SEX	F	D.O.B.	12 - 21 - 1971
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE	9	INJURY CLASS	1	NATURE OF INJURIES
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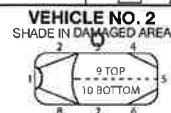
LICENSE PLATE #	ALZ0778	STATE	WA	VIN#	2FAFP73WX5X128226
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2005	MAKE	FORD	MODEL	CROWN	STYLE	4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 976559501
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
CHAD CHRISTENSEN	075	WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E321854**

CASE # **14-00941**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CAMPBELL BRIAN J																	
ADDRESS & PHONE #		18816 SMOKEY POINT BLVD ARLINGTON WA 982238266 4253748705																	
SEX	M	D.O.B. MMDDYYYY	11			19			1975										
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		CAMPBELL MICHAL C																	
ADDRESS & PHONE #		1350 CEDAR AVE APT C6 MARYSVILLE WA 982703685 4253748705																	
SEX	F	D.O.B. MMDDYYYY	12			21			1978										
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	13	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	LOWER BACK PAIN / MEDICAL
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX		D.O.B. MMDDYYYY																	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit 1 was backing out of parking stall. Unit 2 was parked on the drivers side of Unit 1. Passenger Michal had exited Unit 2 and was standing between the right rear passenger door and the door jam of Unit 2. Unit 1 left rear fender contacted Unit 2 right rear passenger door, pinching passenger Michal between the car door and the vehicle as Unit 1 continued to backup.

Passenger Michal stated she had some lower back pain, but refuse medical treatment at the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

04-19-14 07:43 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

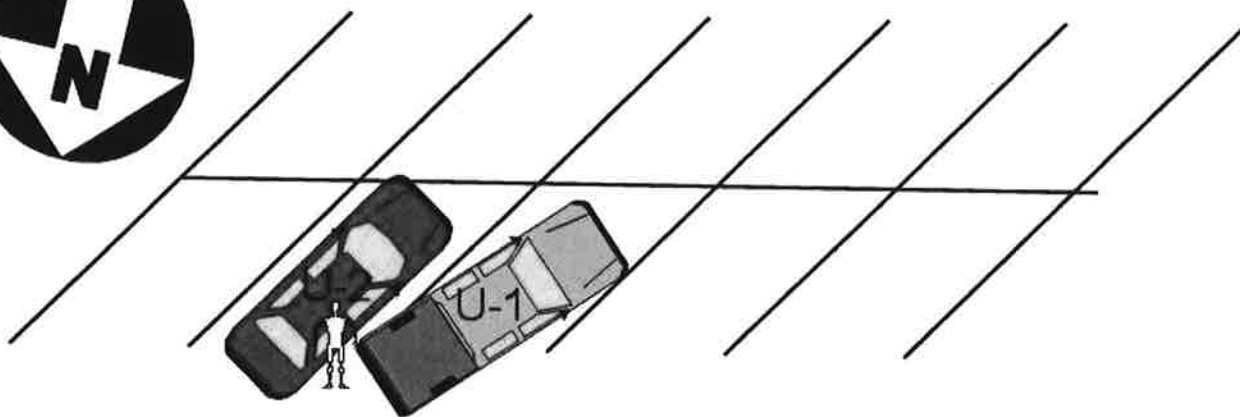
APPROVED BY

DATE

BOB SUMMERS 079

4/19/2014 8:36:40 PM

BADGE OR ID #	075	ORI #	WA0311900	TIME POLICE DISPATCHED	1:54 PM	TIME POLICE ARRIVED	2:07 PM
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1804 MAIN STREET

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-941


VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Lynn Marie Campbell	RACE W	ETH .	SEX F	DOB 12-21-71	AGE 42	HGT 54	WGT 124	HAIR Brown	EYES Blue
STREET ADDRESS 15016 Macadam Rd S #51 Tukwila		CITY		STATE WA		ZIP 98188		RES. STATUS		
HOME PHONE 206 722 6537		CELL PHONE 206 734 1745		PLACE OF EMPLOYMENT None						
WORK PHONE		EMAIL ADDRESS Lynn.M.Camp2014@gmail.com								

I, Lynn Campbell, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I park next to the white truck Michael got out on Rear passenger door side she turned in Between Door and Jam to speak to Brian in the car. The truck start to Back up I Look to see Michael facing to the car truck Backed in to door scraping it and wedging her Between the Door and Car Jam he stoped pulled for door got stuck in wheel well. Michael moved out of way and he Back to get the Door unstuck

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 4-18-14	LOCATION SIGNED Lakewood Library lot
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

941

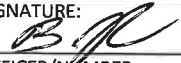
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Campbell, Brian James	RACE Wh.	ETH	SEX M	DOB 11/19/75	AGE 38	HGT 5'11"	WGT 282	HAIR Blonde	EYES Hazel
STREET ADDRESS 11406 20th St. NE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS Rent			
HOME PHONE (425) 374-8705		CELL PHONE (425) 418-3912			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS DracoCarson@yahoo.com								

I, Brian J. Campbell, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We pulled up and parked at Lake Stevens Library my wife Nichal Campbell stepped out of car with door opened and was talking to me for a moment the Silver Dodge 4X4 then started backing up hitting the door pushing the door against my wife pinning her between the door and frame of door I then got out yelling ~~at~~ at the man saying what was he doing and to stop.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 4/18/14	LOCATION SIGNED Lake Stevens Library
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

941

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Campbell Michael Catherine	RACE W	ETH	SEX F	DOB 12-21-78	AGE 25	HGT 5'3	WGT 331	HAIR brown	EYES brown
STREET ADDRESS 11406 20th st ne		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS rent		
HOME PHONE (425) 374-8705		CELL PHONE (425) 48-3912		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS elraeo.carson@yahoo.com								

I, Michael Campbell, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

we pulled up at the library in lake stevens, wa.
I got out of the car and was talking to my husband.
I had the door open the guy in the
big gray truck backed up & pinned me
between the car door frame and the car door.
my back hurts a lil bit.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:
Michael Campbell

DATE SIGNED
12-18-14

LOCATION SIGNED
Lake Stevens

OFFICER/NUMBER:

DATE SIGNED

LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

941

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Kraub, Thomas J	RACE W	ETH	SEX M	DOB 12-21-39	AGE 74	HGT 5'10"	WGT 180	HAIR Brn	EYES Blu
STREET ADDRESS 1325 131st Ave NE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE 425-354-7827		CELL PHONE			PLACE OF EMPLOYMENT Retired					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was parked at Lake Stevens Library Parking Lot. There was a Ford sedan that parked to my left as I entered my vehicle (Dodge Ram 350). I checked my side rear view mirror - all was clear. As I was backing up - I also checked my Inside Center Rear View mirror - all clear.

I immediately rechecked my outside left rear view mirror & a person seemed to appear out of nowhere. I stopped & the sedan's right rear door was lodged between ~~the~~ ~~the~~ my left tire & wheel fender well.

The lady was apparently getting out of her car. She continued to exit her car and went into the library.

(Over)

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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Incident History for: #SS14007181

Case Numbers: \$SS14000941

Entered 04/18/14 13:54:13 BY SPDF25 SP0137

Dispatched 04/18/14 13:54:44 BY SPDP17 SP0368

Enroute 04/18/14 13:54:44

Onscene 04/18/14 14:07:33

Closed 04/18/14 14:51:51

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377J-6 Group: SS1 Beat: NORT

Src: T

Loc: 1804 MAIN ST ,LKS -- LIBRARY btwn 18 ST NE & NORTH LANE DR (V)

Loc Info:

Name: CAMPBELL, BRIAN

Addr:

Phone: 4254183912

/1354 (SP0137) ENTRY ,CC PK LOT. CAR VS WIFE, NON AID SIL DODGE PU L/
B995581K
/1354 (SP0368) AGCADV ,19S15
/1354 DISPER 19S15 #SS75 CHRISTENSEN, OFCR (CHAD)
/1356 (*****) REMINQ 19S15 B995581K
/1356 (SP0368) REMINQ 19S15 LIC, 19S15, B995581K, , ,
/1356 MISC 19S15 ,BAD PLATE
/1407 \$PREMPT 19S15
/1407 DISPOS 19S15 #SS75 CHRISTENSEN, OFCR (CHAD)
/1411 (*****) REMINQ 19S15 ALZ0778
/1411 (SP0368) REMINQ 19S15 LIC, 19S15, ALZ0778, , ,
/1411 (*****) REMINQ 19S15 B95581K
/1411 (SP0368) REMINQ 19S15 LIC, 19S15, B95581K, , ,
/1413 ASNCAS 19S15 \$SS14000941
/1439 (SS75) REMINQ 19S15 MDTVEH, 089YKM, , WA, , , , , , , , , ,
/1451 *CLEAR 19S15 D/H
/1451 CLOSE 19S15

END
ORIGINAL